

No. 2
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-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUG 14 1941
Registration District No. 275

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25214
Registrar's No. 12

Primary Registration District No. 5523

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County HOLT
(b) City or town OREGON MO
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community ENTIRE LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt
(c) City or town Oregon Mo.
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MRS. ROSE ANN MEAD
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July 13 day _____ year 1941 hour 8 minute 00 A. M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOHN F. MEAD 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased MARCH 26 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 12 1941, to July 13 1941, that I last saw her alive on July 12 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 9 Days 17 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic interstitial nephritis
Due to _____

9. Birthplace HOLT CO. MO
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 131A

10. Usual occupation AT HOME
11. Industry or business _____
12. Name ZALIN RAINS
13. Birthplace UNKNOWN
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Frank Mead
(b) Address Oregon Mo
17. (a) HIGHLAND (b) Date thereof 7-15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.
18. (a) Signature of funeral director Edith Lent
(b) Address Savannah
19. (a) July 14, 1941 (b) Edith Lent
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature F E Hogan (M. D. or other) _____
Address Marion City Mo Date signed 7-14-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. Fred Terhune

Licensed Embalmer No. 1279

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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